



COPY

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application

Inventor: Terry A. Johnson

Appln. No.: 09/610,239

Confirm. No.: 4991

Filed: July 5, 2000

Title: IN-VACUUM EXPOSURE SHUTTER

PATENT APPLICATION

Art Unit: 2851

Examiner: Hung Nguyen

Customer No. 23910

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited in the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 25, 2003.

(Signature)

Sally A. Swedberg, Reg. No. 53,659

Signature Date: July 25, 2003

RESPONSE TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted with this communication in connection with the above-identified application are the following:

✓

A Response under 37 C.F.R. §1.111 to the Office Action dated May 13, 2003.

07/29/2003 MMEKONEN 00000112 09610239

01 FC:1201
02 FC:1202

252.00 OP
108.00 OP

- 1 -

Attorney Docket No.: SAND-01031US0
sas/sand/sand-01031US0.resp.trans.

CHJ/SAS
1031US0.resp.trans.wpd

The fee associated with this communication has been calculated as shown below:

_____ No fee is required with this communication.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established.

_____ A fee for extension of time for response under 37 C.F.R. §1.136 filed within _ month(s) after the original time for response of \$___ is due.

_____ A fee of \$180.00 is due for the submission of the accompanying Information Disclosure Statement.

✓ A fee for addition of claims under 37 C.F.R. §1.16 is due as follows:

FEES	Claims Remaining After Amendment	Highest Number Previously Paid For	Present Extra	Rate Small Entity/Other Than Small Entity	Total
TOTAL CLAIMS (37 CFR 1.16(c))	<u>32</u> - 20	<u>6</u>	<u>6</u>	X \$ 9.00 X \$ 18.00	\$108.00
INDEPENDENT CLAIMS (37 CFR 1.16(b))	<u>6</u>	<u>0</u>	<u>3</u>	X \$ 42.00 X \$ 84.00	\$252.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ \$140.00 + \$280.00	\$0.00
				TOTAL	\$360.00

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number of Previously Paid For" in this space is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" in this space is less than 3, enter "3".

The total fee required with this communication is \$ 360.00 and is to be paid as follows:

_____ Please charge Deposit Account No. 06-1325 in the amount of \$____. A duplicate copy of this authorization is enclosed.

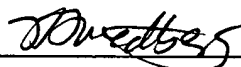
✓ A check in the amount of \$ 360.00 is enclosed.

✓

The Commissioner is hereby authorized to charge any deficiencies or credit overpayment to Deposit Account No. 06-1325. A duplicate copy of this authorization is enclosed.

Respectfully submitted,

Date: 25 July 2003

By: 
Sally A. Swedberg
Reg. No. 53,659

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